



Our Link to You



February 2011

In an effort to disseminate information to the community more frequently, the Talbot Family Network has developed Our Link to You. Each edition will highlight programs that we fund, committees our staff participates in, and provide a listing of training opportunities and special events.

Important Community Information

Rural CARES Partnership Council Quarterly Meeting of Regional Stakeholders

All stakeholders – those from public agencies, private or non-profit organizations, as well as youth and family members – are invited to engage in discussion about recent developments in Rural CARES and share with others news from their own organizations which impact children and families on our region.

February 15 at 1:30 p.m. at Krystal Q 9630 Technology Drive, Easton

Contact Patty Herodier for more information at 410-820-7430

Seeking New Members

The Youth Coalition, as a part of Talbot partnership, is
The Youth Coalition is looking for new members interested in taking a leadership role in the community. Youth ages 13 through 18 are invited to come see what the Youth Coalition is all about.

For more information contact Gary Pearce
at 410-819-8067 or
gpearce@talbotpartnership.org.



TFN Closings

February 21, 2011

Presidents Day



Survey, Volunteer Transportation Services Providers, 5-County Region

Area health and transportation providers have formed a 5-county network (Caroline, Dorchester, Kent, Queen Anne's, and Talbot) to find additional ways to help people get to doctor's appointments and back home again. Transportation is a big barrier in our area, and we are trying to learn more about informal transportation services that already exist.

Could you please take a moment to tell us about informal transportation services that your organization from time-to-time provides? If you have questions, please call 410 810 2673.

Name of your Organization/Group: _____

Location of your Organization/Group: _____

1. **Does your organization provide transportation assistance on a voluntary basis to people who have transportation needs? (If the answer is no, please skip to #12 and #13)**

Yes No (circle one)

2. **Does your group provide transportation to anyone who asks, or only to a particular set of people? (circle one)**

Anyone Who Asks

A Particular group of people

(if only to a particular group, please identify the group) _____

3. **Does your group provide transportation during set times or days, or is it flexible? (circle one)**

Specific times/days

Flexible

4. **Are rides available only within a particular area, or can people be taken longer distances (for example, to a hospital in another county? To the western shore?) (circle one)**

Short Distances Only

Eastern Shore Only

Western Shore / points North

5. **Is assistance provided beyond a simple ride and drop off? For example, if a round trip is needed, is the volunteer driver willing to stay with the passenger (wait with them for a doctor's appointment)? (circle one)**

Drop Off,
one way

Round Trip,
transport only

Round Trip and
wait w/patient

"Arm in Arm" from home to
doctor & back

6. **How do the volunteer drivers get connected to the people who need a ride?**

7. **Approximately how many volunteer drivers do you have? (circle one)**

1 driver

2-3 drivers

4-5 drivers

6 or more

Not Sure

8. Approximately how many rides would you estimate are given per month? (circle one)

No Rides 1-2 rides 3-5 rides 6-9 rides 10 rides or more Not Sure

9. Are any of the vehicles used accessible for persons with disabilities? (circle one)

Yes, Accessible

No, Not Accessible

10. Is the program successful as is, or are there obstacles that keep the program from being effective? If there are obstacles, what are they? How could the program be better? (circle one)

Successful, no problems

There are obstacles

(if there are obstacles, please describe): _____

11. May we contact you for additional information (circle one) Yes No

(if yes, please provide contact information, below)

Name of Person to Contact: _____

Phone/email: _____

Convenient time: _____

12. Do you know of any other organizations that provide volunteer transportation services to medical appointments? (if yes, please provide contact information)

Name of organization: _____

Name of Person to Contact: _____

Phone/email: _____

13. Would you be interested in learning more about operating a volunteer-based transportation program? (circle one)

Yes

No

(circle one)

(if yes, please provide contact information under #11, above)

Other Comments (optional): _____

PLEASE RETURN THIS SURVEY TO:

THE LOCAL MANAGEMENT BOARD FOR CHILDREN'S & FAMILY SERVICES OF KENT COUNTY

400 HIGH STREET, COURT HOUSE ANNEX, CHESTERTOWN, MD 21620

You may also e-mail the survey to jrandolph@kentgov.org or fax it to 410.810.2674

NOTE: The purpose of this survey is to get a sense of the extent of volunteer services available. We will not share information that you provide here with the public without your express authorization to do so.